



15M 1614

# TRANSMITTAL FORM

Application Serial Number	10/584,373
Filing Date	June 23, 2006
First Named Inventor	Larsen
Group Art Unit	To be assigned
Examiner Name	To be assigned
Attorney Docket No.	WYE-107
Patent No.	Not applicable
Issue Date	Not applicable

## ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form  <input type="checkbox"/> Amendment/Response  <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____]  <input type="checkbox"/> Petition for Extension of Time  <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application  <input type="checkbox"/> Formal Drawing(s)  <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal  <input checked="" type="checkbox"/> Power of Attorney (Revocation of Prior Powers)  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application  <input type="checkbox"/> Small Entity Statement  <input type="checkbox"/> CD(s) for large table or computer program  <input type="checkbox"/> Amendment After Allowance  <input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences  <input type="checkbox"/> Appeal Brief (in triplicate)  <input type="checkbox"/> Status Inquiry  <input checked="" type="checkbox"/> Return Receipt Postcard  <input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8  <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8  <input type="checkbox"/> Additional Enclosure(s) (please identify below)  <input type="checkbox"/>
---	--	--

## CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator  
Kirkpatrick & Lockhart Preston  
Gates Ellis LLP  
State Street Financial Center  
One Lincoln Street  
Boston, MA 02111-2950  
Tel. No.: (617) 261-3100  
Fax No.: (617) 261-3175  
  
Customer Number: 054623

## SIGNATURE BLOCK

Date: March 26, 2007  
Reg. No. 41,640  
Tel. No.: (617) 261-3113  
Fax No.: (617) 261-3175

Respectfully submitted,  
  
Michael H. Brodowski  
Attorney for Applicant  
Kirkpatrick & Lockhart Preston  
Gates Ellis LLP  
State Street Financial Center  
One Lincoln Street  
Boston, MA 02111-2950